2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006744

FILED Mar 12, 2009 Secretary of State

Entity Name: CYPRESS PRESERVE AT COLONIAL RESIDENT'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

SCHOOL MANAGEMENT, INC 9411-2 CYPRESS LAKE DRIVE FORT MYERS, FL 33919

New Mailing Address: Current Mailing Address:

SCHOOL MANAGEMENT, INC 9411-2 CYPRESS LAKE DRIVE FORT MYERS, FL 33919

FEI Number: 20-3084775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GELLES, BOB C/O SCHOO MANAGEMENT, INC. 9411-2 CYPRESS LAKE DRIVE FORT MYERS, FL 33919 US

OFFICERS AND DIRECTORS:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete ANDERSON, RICHARD ANDERSON, RICHARD Name: Name: 191 WEDGEWOOD DR Address: 9533 HEMINGWAY LANE Address:

City-St-Zip: AMHERST, NY 14221 City-St-Zip: FORT MYERS, FL 33913 (X) Change () Addition Title: DV () Delete Title: DV

Name: FLORA, JEROME Name: FLORA, JEROME Address: 8000 LANDIS AVENUE Address: 9531 HEMINGWAY LANE City-St-Zip: SEA ISLE CITY, NJ 08243 City-St-Zip: FORT MYERS, FL 33913

Title: DST () Delete Title: () Change () Addition

SCHMIDT, BOB Name: Name: Address: 9507 HEMINGWAY LANE Address: City-St-Zip: FORT MYERS, FL 33913 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E GELLES CAM 03/12/2009